10/03/2016 08 : 09

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## FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Sixteen Thirty Fund / Make it	r Corporation		]					
(b) Address (number and street)	check if different than previously	reported						
1201 Connecticut Ave, NW Suite 300								
(c) City, State and ZIP Code	3. FEC Identification Number							
Washington	DC	20036						
2. Occupation and Name of Employer (fo	r Individual Filers Only)		C C90016338					
4. TYPE OF REPORT (che	ck appropriate boxes):		<u>'</u>					
(a) April 15 Quarterly	Report							
☐ July 15 Quarterly Report ☐ 24-Hour Report ☐ 24-Hour Report ☐ 48-Hour Report ☐ 24-Hour Re								
October 15 Quarterly Report    48-Hour Report								
January 31 Year-E	and Report							
b) Is this Report an amendment? X No Yes, it amends the report filed on								
5. COVERING PERIOD:	FROM 10 01	2016						
THR	OUGH 10 07	2016						
6. TOTAL CONTRIBUTIONS			0.00					
7. TOTAL INDEPENDENT EXP	PENDITURES		31737.10					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.								
TYPE OR PRINT NAME OF PERSON CO	MPLETING FORM	SIGNATURE [Ele	DATE ctronically Filed]					
Schultz, Andrew, , ,		Schultz, Andrew, , ,	10/03/2016					
NOTE: Submission of false, erron	eous or incomplete information may sub	ject the person signing this report to	the penalties of 2 U.S.C. §437g.					

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

AME OF FILER (In Full)							
ixteen Thirty Fund / Make it Work Actio	n						
Full Name (Last, First, Middle Initial)	A) of Payon						
Block By Block, Inc.	) Of Payee		Dat	Date of Public Distribution/Dissemination			
				M M 10	01	2016	
Mailing Address 1725 I St NW							
Ste 800			Am	nount			
City	State	Zip Code				15868.55	
Washington	DC	20006-2408	Tr	ansaction	n ID : VSGF39		
Purpose of Expenditure Door to Door Canvass (10/1/16 to 10	ว/7/2016) Estimated amount	Category/ Type	Office So	ought:	House Senate	State: 00	
Name of Federal Candidate Support Clinton, Hillary Rodham, , ,	ted or Opposed by Expendi	iture:	Check O		President  Support	District:Oppose	
Calendar Year-To-Date Per Ele for Office Sc		42568.55	Disburser	ment For: 2016 Other (sp		<b>✗</b> General	
Full Name (Last, First, Middle Initial)	) of Pavee		Date of Public Distribution/Dissemination				
Block By Block, Inc.				M M	/ Distribution	DISSOTTITION OF	
Mailing Addraga				10	01	2016	
- 172313t1W			Δ				
Ste 800	01-1-	7. 0.1.	Am	nount			
City	State	Zip Code				15868.55	
Washington	DC	20006-2408	Tra	ansaction	n ID : VSGF397	ГЗР91	
Purpose of Expenditure Door to Door Canvass (10/1/16 to 10 amount	0/7/2016) Estimated	Category/ Type	Office So	_	House Senate	State: NV District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: Masto, Catherine Cortez, , ,			Check O	ne:	President  Support	Oppose	
Calendar Year-To-Date Per Elec for Office So		42568.55	Disburser	ment For: 2016 Other (sp		<b>✗</b> General	
Full Name (Last, First, Middle Initial)	1) of Payon						
Full Name (Last, First, Minute minar)	) Of Payee		Date of Public Distribution/Dissemination				
				M = M	/ D D /	Y Y Y Y	
Mailing Address							
			Am	nount			
City	State	Zip Code			, , ,		
Purpose of Expenditure		Category/	Office So	ought:	House	State:	
Name of Federal Candidate Support	tod or Opposed by Expend	Type			Senate President	District:	
TValle of Federal Cartainate Cupper.	ed of Opposed by Experie.	iture.	Check Or	ne:	Support	Oppose	
Calendar Year-To-Date Per Elec for Office So			Disburser	ment For: Other (sp		General	
a) SUBTOTAL of Itemized Independ	Jent Expenditures		▶[			31737.10	
b) SUBTOTAL of Unitemized Indepe	endent Expenditures						
(c) TOTAL Independent Expenditures (carry total from last page f			····· •			31737.10	
(carry total from last page )	ioiwaid to Line 1)						